

## Women/Maternal Health

### State Action Plan Table (South Dakota) - Women/Maternal Health - Entry 1

#### Priority Need

Promote preconception/inter-conception health

#### NPM

NPM 1 - Percent of women with a past year preventive medical visit

#### Objectives

By June 30, 2020, increase the percent of 18-24 year old women who had a preventive medical visit in the past year from 66.4% (2014) to 67.8%. (BRFSS)

#### Strategies

Schedule quarterly DOH-wide team meetings to address preventive screening and women's health

Collaborate with Medicaid and BHR to promote well visits and reminder strategies.

Make resources available to promote and educate women on preventive medical visits.

Include well-care visit messages in DOH-wide social media and other communications

Explore the option to document women's well visits under the referral section in the WIC, Bright Start, and Family Planning programs.

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and providers

#### NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table (South Dakota) - Women/Maternal Health - Entry 2

Priority Need

Promote preconception/inter-conception health

Objectives

By June 30, 2020, increase the percent of women (15 through 44 years) who talked to a healthcare worker about preparing for a healthy pregnancy before they got pregnant from 32.8% (2014) to 34.5% (PRAMS).

Strategies

Schedule quarterly DOH-wide team meetings to address Preconception Health

Implement strategies to increase awareness on importance of preconception/inter-conception and postpartum health in social media and other communications

Outreach to insurance groups to promote early and adequate access to prenatal care for all women

Make resources available to women and providers

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and providers

## Perinatal/Infant Health

### State Action Plan Table (South Dakota) - Perinatal/Infant Health - Entry 1

#### Priority Need

Reduce infant mortality

#### NPM

NPM 5 - Percent of infants placed to sleep on their backs

#### Objectives

By June 30, 2020, increase the percent of infants from other races (not White or Native American) placed to sleep on their backs from 79.9% (2014) to 84% (PRAMS)

By June 30, 2020, decrease the percent of infants who share a bed with their mother or anyone else as determined in the 2016 PRAMS-like survey. Target for 2020 will be based on achieving a 10% reduction in this rate by 2026.

#### Strategies

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and community partners

Engage and support collaboration among state agencies to promote education on the importance of safe sleep practices

Implement strategies to increase awareness of the importance of safe sleep practices targeted to Native Americans, dads, and grandparents

Collaborate with community partners to facilitate infant death review

Train law enforcement on use of Sudden Unexplained Infant Death Investigation (SUIDI) reporting forms

#### NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

## Child Health

### State Action Plan Table (South Dakota) - Child Health - Entry 1

#### Priority Need

Improve early identification and referral of developmental delays

#### NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

#### Objectives

By June 30, 2020, increase the percent of children from non-metropolitan areas who have a developmental screening completed from 19.4% (2011-2012) to 20.5%. (NSCH)

#### Strategies

Convene a partner team to look at developmental screening and referral

Maintain DOH infrastructure/workforce to facilitate the completion of developmental screenings and anticipatory guidance for clients served

#### NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

## State Action Plan Table (South Dakota) - Child Health - Entry 2

### Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

### Objectives

By June 30, 2020, decrease the percentage of students 5-6 years old with a BMI at or above the 85th percentile from 26.6% (2015) to 21.6% (School height/weight data)

### Strategies

Engage and support collaboration among state agencies and community partners around nutrition and physical activity

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and community partners

Integrate nutrition and physical education into broader health promotion efforts

Promote childcare training to improve public awareness on physical activity and nutrition policy

Include nutrition and physical activity messages in social media and other communications

## Adolescent Health

### State Action Plan Table (South Dakota) - Adolescent Health - Entry 1

#### Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

#### NPM

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

#### Objectives

By June 30, 2020, decrease the percentage of students who report they drove when drinking alcohol in the past 30 days from 7.9% (2015) to 7.5%. (YRBS)

By June 30, 2020, decrease the percentage of students who report in the past 30 days they rode with a driver who had been drinking alcohol from 20.1% (2015) to 19.2%. (YRBS)

By June 30, 2020, decrease the percentage of students who report they texted or e-mailed while driving a car or other vehicle in the past 30 days from 61.3% (2015) to 58.6%. (YRBS)

#### Strategies

Convene a team of internal/external partners for which motor vehicle safety is already part of their mission

Integrate injury prevention education, motor vehicle safety, and prevention of drug/alcohol use into broader DOH child health promotion efforts

Include motor vehicle injury prevention messages in social media and other communications

Explore the development of a collaborative website for adolescent health information

#### NOMs

NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

## State Action Plan Table (South Dakota) - Adolescent Health - Entry 2

### Priority Need

Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN

### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

### Objectives

By June 30, 2020, increase the immunization rate for the >1 dose of meningococcal vaccine for adolescents 13-17 years of age from 57% (2014) to 66.6% (NIS).

### Strategies

Schedule quarterly DOH-wide team meetings to address adolescent health

Partner with Bureau of Human Resources and SD Medicaid to promote adolescent well visits

Promote Bright Futures guidelines and provider one-on-one time with adolescents

Include well-care visit messages in social media and other communications

Target messaging regarding tobacco cessation coaching for adolescents

Promote 6th grade vaccination requirements

### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## State Action Plan Table (South Dakota) - Adolescent Health - Entry 3

### Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

### Objectives

By June 30, 2020, increase the percent of adolescents (14-18 years of age) who smoke and enroll in the SD QuitLine from 0.80% (2015) to 0.89% (QuitLine & YRBS)

### Strategies

Schedule quarterly DOH-wide team meetings to address adolescent health

Partner with Bureau of Human Resources and SD Medicaid to promote adolescent well visits

Promote Bright Futures guidelines and provider one-on-one time with adolescents

Include well-care visit messages in social media and other communications

Target messaging regarding tobacco cessation coaching for adolescents

### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine



State Action Plan Table (South Dakota) - Adolescent Health - Entry 4

Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

Objectives

By June 30, 2020, decrease the percent of high school students who made a suicide plan during the 12 months before the survey from 11.8% to 11.3%.

By June 30, 2020, increase by 10% the number of SD HelpLine calls/texts for support from the baseline of 2,289 to 2,518.

Strategies

Identify and partner with organizations for which suicide prevention is already a mission and highlight their efforts as examples others could follow

Integrate suicide prevention education into broader adolescent health promotion efforts within DOH

## Children with Special Health Care Needs

### State Action Plan Table (South Dakota) - Children with Special Health Care Needs - Entry 1

#### Priority Need

Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN

#### NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

#### Objectives

By June 30, 2020, increase the percentage of CYSHCN who report receiving care in a well-functioning system from 17.6% (NS-CSHCN 2009-11) to 18.7% (NSCH)

By June 30, 2020, all infants whose newborn screening test results are outside the normal limits for a newborn screening disorder will receive prompt and appropriate follow-up testing.

#### Strategies

Reach out for technical assistance to develop and implement a survey of partners/providers on medical home components within their program/practice

Provide information and education to primary care providers, pediatric specialists, and community providers on medical home model

Facilitate access to necessary services through partnerships with South Dakota's parent training center, other state agencies, and service providers

Assist families of CYSHCN with costs incurred as a result of their child's chronic health condition that are not covered by other sources

Maintain DOH infrastructure /workforce to facilitate specialized care in order to make connections to medical home

Coordinate the newborn screening infrastructure including: (a) contract laboratory for newborn screening of all South Dakota births; (b) medical consultants to address appropriate testing and treatment for presumptive positive; and (c) birth certificate match and short-term follow-up to ensure all babies are screened

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3\*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## Cross-Cutting/Life Course

### State Action Plan Table (South Dakota) - Cross-Cutting/Life Course - Entry 1

#### Priority Need

Promote oral health for all populations

#### NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

#### Objectives

By June 30, 2020, increase the percent of pregnant women who are talked to by their healthcare worker about the importance of good oral health during pregnancy and infancy from 58.4% (2014) to 61.3%. (PRAMS)

By June 30, 2020, increase the percentage of children, ages 6-9, enrolled in Medicaid for at least 90 days, who received a dental sealant on a permanent molar from 11.5% (2012-2014) to 18.8% (CMS/EPSTD)

#### Strategies

Provide oral health information to new mothers through the DSS Bright Start Welcome Box

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients

Identify a target population and oral health messaging to enhance public awareness efforts including messaging on DOH media platforms

Facilitate access to oral health services through partnerships with South Dakota's parent training center, other state agencies, and service providers

#### NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

## State Action Plan Table (South Dakota) - Cross-Cutting/Life Course - Entry 2

### Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

### NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

### Objectives

By June 30, 2020, increase the percent of adults who report smoking is not allowed anywhere in their home from 86% (2014) to 91%. (BRFSS)

By June 30, 2020, reduce the percentage of pregnant females receiving WIC services who smoke during pregnancy from 26.7% (2014) to 15% (SD Vital Records)

### Strategies

Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and make SD QuitLine referrals as appropriate

Include smoking cessation and promote tobacco free environment messages in social media and other communications across the DOH

### NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (South Dakota) - Cross-Cutting/Life Course - Entry 3

Priority Need

Improve state and local surveillance, data collection, and evaluation capacity

Objectives

By June 30, 2020, 100% of data for MCH objectives and strategies is identified, collected and analyzed for use in MCH needs assessment and program planning.

Strategies

Review all data sets available and identify any gaps

Identify data collection methods to address gaps

Implement new data collection efforts as needed

Develop and disseminate fact sheets on findings

Analyze the data to identify future program efforts